



DCN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Indiana Individual Income Tax  
**DECLARATION OF ELECTRONIC FILING**  
For the tax year January 1 - December 31, 2002

First Name(s) and Middle Initial(s)		Last Name	Your Social Security Number
Spouse's First Name(s) and Middle Initial(s)		Last Name	Spouse's Social Security Number
Street Address		Apartment Number	
City	State	Zip Code	Daytime Telephone Number

**Part I Tax Return Information (Whole Dollar Amounts Only)**

1. Federal Adjusted Gross Income (Form IT-40, Line 1 or IT-40EZ, Line 1) .....	1.	
2. Indiana taxable income (Form IT-40, Line 13 or IT-40EZ, Line 5) .....	2.	
3. Total Indiana tax (Form IT-40, Line 18 or IT-40EZ, Line 9) .....	3.	
4. Total state tax withheld (Form IT-40, Line 19 or IT-40EZ, Box 10a) .....	4.	
5. Total county tax withheld (Form IT-40, Line 20 or IT-40EZ, Box 10b) .....	5.	
6. Total Indiana tax credits (Form IT-40, Line 26 or IT-40EZ, Line 10) .....	6.	
7. Refund (Form IT-40, Line 34 or IT-40EZ, Line 13) .....	7.	
8. Amount you owe (Form IT-40, Line 39 or IT-40EZ, Line 15) .....	8.	

**Part II Direct Deposit**

9. Routing number 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.*

10. Account number 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

11. Type of account: ☐ Checking ☐ Savings

My request for direct deposit of my refund includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund is properly deposited.

Do Not Mail



**Part III Declaration of Taxpayer**

If I have filed a balance due return, I understand that if the IDOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my return is true correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the IDOR. I also consent to the IDOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IDOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

Please  
Sign Here

Taxpayer's Signature

Date

Spouse's Signature

Date

**Part IV Declaration and Signature of Electronic Return Originator and Paid Preparer**

I declare that I have reviewed the above taxpayer's return and that the entries on Form IT-8453 are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IDOR, and have followed all other requirements in Publication IND 1345, Handbook for Electronic Filers of Individual Income Tax Returns, Tax Year 2002. If I also am the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

**ERO  
Use Only**

Preparer's Signature	Date	Check if also Paid Preparer <input type="checkbox"/>	<input type="checkbox"/> Fed I.D. <input type="checkbox"/> PTIN																				
Firm's Name			<input type="checkbox"/> SSN Number																				
		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
Address	City	State	Zip Code	Telephone Number																			

Under penalties of perjury, I declare that I have examined this return and its accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

**Paid  
Preparer  
Use Only**

Preparer's Signature	Date	<input type="checkbox"/> Fed I.D. <input type="checkbox"/> PTIN																				
Firm's Name	<input type="checkbox"/> SSN Number																					
		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Address	City	State	Zip Code	Telephone Number																		

**ERO or TAXPAYER: Keep original document and staple copies of W-2 forms with your records.**